

City of Monroe
Lifeline Utility Water and Sewer Rate Application
Monroe City Limits Customers

NAME ON ACCOUNT: _____

ADDRESS: _____

ACCOUNT # /CUSTOMER #: _____ / _____

DATE OF BIRTH: ____/____/____ AGE: _____ SS#: _____ - _____ - _____

If you receive any of the following, please write the account number:

*SSI # _____ *SSDA # _____ *VA # _____

Criteria to qualify for Lifeline Utility Rate for Citizens of the City of Monroe

A. The individual shall be at least sixty-two (62) years of age at the time of filing.

OR

B. Individual must be permanently disabled as per SSI, SSDA, or VA.

In addition to age and/or disability requirement stated above:

- a. The individual applicant must meet the income limits set annually by the federal Department of Housing and Urban Development (“HUD”) concerning eligibility for HUD assisted housing programs, Section 8. **The current income limit for a one-person household is \$28,700 and for a two-person household is \$32,800. Applicant is not required to live in a HUD home to qualify.**
- b. The application must be notarized, have attached copies of SSI, SSDA, or VA documents, financial documents for HUD eligibility (income tax returns or HUD approval application), and a copy of driver’s licenses or birth certificate. Citizens with the **special rate** must provide proof of documentation of the above criteria to qualify for the special discount rate.
- c. All applications are for the calendar year and must be renewed on January 1st of each year. **Customer must re-apply every year.**

I declare under the penalties prescribed by law that the above statements are true and correct. By signing below, I signify that I have read and agree to all the conditions above and have read the attached Lifeline criteria document. I will notify the City of Monroe of any changes to my status at any time during or after the application process.

APPLICANT SIGNATURE: _____ DATE: _____

Notary Public _____ Bar # _____

Print Name _____

<i>Office Use Only: CSR Initials:</i> _____	<i>Date Received:</i> _____
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